DATE RECEIVED:	COMPLAINT NO.:

## KENTUCKY BOARD OF SOCIAL WORK Complaint Form

### **Person Filing Complaint**

Address:	City:		_ State:	Zip Code
Day Telephone: ()_		Evening Telephor	e: <u>(</u> )	
	Pa	atient Informati (if applicable)	on	
Name:				
Address:	City:		_ State:	Zip Code
Day Telephone: ()_		Evening Telephor	e: <u>( )</u>	
Relationship to person fil	ling complaint:			
	Nan	ne of Social Wo	orker	
Name:				
Address:	City:		_ State:	Zip Code
Day Telephone: ()_				
Name and	phone number of pe	rsons who ma	y provide additio	nal information
1. Name	Telephone: (	)	Type of Information	·
2. Name	Telephone: (	)	Type of Information	·
O. Nama	Telephone: (	)	Type of Information	·
3. Name				
	Telephone: (	)	Type of Information	
	Telephone: (	)	Type of Information	·
4. Name	Brief S	Summary of Co	mplaint	
4. Name	Brief S	Summary of Co	mplaint	roper, unethical or unprofessional.)
4. Name	Brief S	Summary of Co	mplaint	
4. Name	Brief S	Summary of Co	mplaint	
4. Name	Brief S	Summary of Co	mplaint	
4. Name	Brief S	Summary of Co	mplaint	

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By signing th knowledge.	is complaint form, I hereby certify that the	information is complete and true	to the best of my
C: a 1		Detai	
oignature: _		_ nate:	
to Release In	aint concerns your treatment by this socia formation" form.		
******	***********	************	*********
Send to:	KENTUCKY BOARD OF SOCIAL WORK	Phone: (502) 564-3296	

Fax: (502) 564-4818

KENTUCKY BOARD OF SOCIAL WORK Send to:

ATTN: COMPLAINT PROCESSING PO BOX 1360

**FRANKFORT KY 40602-1360** 

# Authorization for Release of Medical and Psychological Records to the Kentucky Board of Social Work

l,	, the undersigned, do hereby authorize the full			
(print name here) release of any and all medical and psychological	ical records, billing information, and medical and psychological			
reports from	om, Licensed/Certified/Clinical Social Worker, regarding			
the medical and psychological history, diagno	osis, and treatment of me while a patient of the social worker			
to the Kentucky Board of Social Work or any	authorized agent or investigator of the Board.			
I understand that the above records n	nay be used by the Board in the investigation and possible			
disciplinary prosecution under KRS Chapter 3	319 against the social worker. I further understand that the Board			
will make reasonable efforts to protect the cor	nfidentiality of my records under KRS Chapter 61 and KRS			
Chapter 13B, or other applicable law.				
A photocopy of this authorization shall	be deemed effective as an original.			
This authorization shall be effective fo	r one year from the date of signing.			
Date	Signature of patient, or parent/legal guardian if patient is under 18 years of age			

#### Kentucky Board of Social Work PO Box 1360 Frankfort KY 40602

Telephone: (502) 564-3296 FAX: (502) 696-1923

#### Filing a Complaint

#### What are your rights?

You have a right to expect a professional standard of care and conduct from a social worker. If you believe a social worker has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky Board of Social Work. As the body responsible for regulating the social work profession and protecting the public in matters related to social work, the Board will review your complaint and take appropriate action.

#### How does the complaint process work?

Complaints that have been received in writing at the Board office will be acknowledged immediately by letter. The complaint will then be reviewed by the Board members at their next meeting. If no law appears to have been broken, you will receive notification from the Board. If the Board believes a law may have been broken, an investigation will take place. If the Board files formal charges against a psychologist as a result of the investigation, an administrative hearing may be held. This formal hearing involves lawyers, a court reporter, a hearing officer and witnesses. If the Board finds that the psychologist has not met the prescribed standard of care and conduct, it has the authority to impose penalties ranging from suspension or loss of a certificate or license to a reprimand. A penalty may be reached by agreement between the Board and the social worker.

#### What might I expect from filing a complaint?

The complaint process is a detailed and careful one, and you should expect some delay. In every case the social worker will be informed that a complaint has been filed, the name of the complainant, and the disposition of the complaint. Not every complaint results in disciplinary action by the Board if the social worker has not violated the laws governing social work. If charges are filed, a hearing may be held similar to a court trial, and it is open to the public. You may be subpoenaed as a witness to provide testimony regarding the case. In this event the Assistant Attorney General assigned to the Board will assist you in preparing for the hearing. If the Board orders a specific sanction, the social worker has the right to appeal, and a final decision may be delayed in the courts. While you may have an opinion regarding the process and outcome of processing your complaint, please remember that the decisions to dismiss or settle a case or propose disciplinary measures are solely the decision of the Board and may be subject to review by the courts.

If the Board files formal charges or takes formal action against a social worker, most portions of the investigative file will become a "public record" which can be viewed by any individual who requests to do so. The record may include your written complaint, transcripts, or reports of interviews, letters, and other reports. All testimony and evidence admitted in a formal hearing have the status of public record as well. <u>Patient records obtained in the process of investigation usually can be protected from disclosure as public records.</u>

Throughout the various stages of the complaint process, you will be kept informed. You will also be advised of the final outcome.

#### How do I make a compliant?

Phone: (502) 564-3296

Fax:

(502) 564-4818

You should complete the complaint form that accompanies this information sheet. Make sure you give all pertinent information. Please sign the complaint from so that the Board may look further into your concerns. If your complaint refers to treatment of a specific patient, the patient must sign the "Client Agreement to Release Information" form as well. Complaints and release forms should be mailed to:

KENTUCKY BOARD OF SOCIAL WORK ATTN: COMPAINT PROCESSING PO BOX 1360 FRANKFORT KY 40602-0456